

DoD Global Influenza Surveillance Program: *Influenza Surveillance at AFIOH*

Overall Lab Surveillance

Total Specimens Collected

- Collected in Week 01: 26
- Season Total: 767

Total Influenza Positive

Identified in Wk 01; Cumulative

- Influenza A: 13; 54
- Influenza B: 0; 5

Total Influenza Subtyped

Identified in Wk 01; Cumulative

- Influenza A/H1N2: 0; 2
- Influenza A/H3N2: 0; 21

Sentinel Site Lab Surveillance

Total Specimens Collected

- Collected in Week 01: 21
- Season Total: 557

Total Influenza Positive

Identified in Wk 01; Cumulative

- Influenza A: 8; 32
- Influenza B: 0; 3

Total Influenza Subtyped

Identified in Wk 01; Cumulative

- Influenza A/H1N1: 0; 2
- Influenza A/H3N2: 0; 12

Research Lab Surveillance

Total Specimens Collected

- Collected in Week 01: 0
- Season Total: 42

Total Influenza Positive

Identified in Wk 01; Cumulative

- Influenza A: 0; 0
- Influenza B: 0; 2

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Week 01

01-07 January 2006

Current WHO Phase of Pandemic Alert: PHASE 3

*Phase 3 = a new influenza virus subtype is causing disease in humans, but is not yet spreading efficiently and sustainably among humans. The designation of phases, including decisions on when to move from one phase to another, is made by the Director-General of WHO.

Source: [WHO](#)

Influenza (02 Oct - Present)

59 influenza viruses
54 Influenza A; 5 Influenza B

9% of the completed specimens were positive for an influenza virus: 8.0% influenza A; 0.7% influenza B.

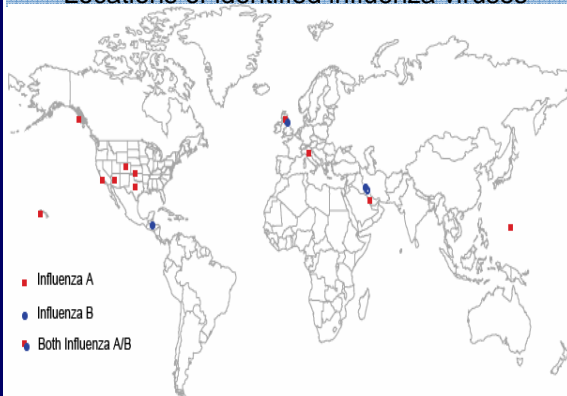
Influenza A

A (H1N1): 2
A (H3N2): 21
Un-subtyped: 31

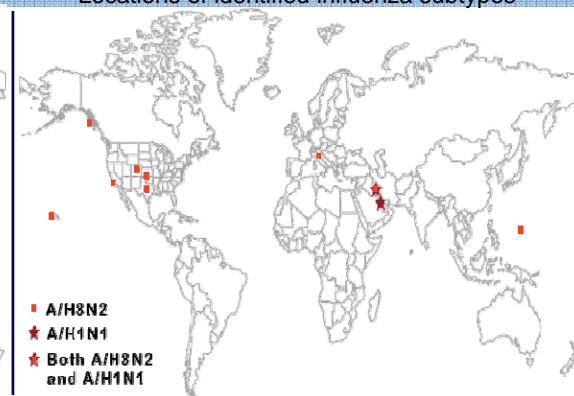
Influenza B

B (99): 0
B (01): 0
Un-subtyped: 5

Locations of identified influenza viruses



Locations of identified influenza subtypes



Vaccination Status

91% of the Active Duty Air Force is currently vaccinated with the 2005-2006 northern hemisphere vaccine (as of 09 Jan 06).

Update: Human Avian Influenza (H5N1)

Turkish labs have confirmed 15th case of human infection with H5N1. ~100,000 treatment courses of Tamiflu arrived in Turkey Friday evening. The Turkish gov't has launched an intensive public awareness campaign. NOTE: 2 deaths have been reported by WHO. [Click here for more information](#). See pg 7 for a current situation of human H5N1.

Influenza Outbreaks / News

The state of AZ is experiencing a high level of influenza activity. Luke AFB has disseminated appropriate educational material to base population.

[HHS announces \\$100M](#) to accelerate state and local pandemic influenza preparedness efforts.

AFIOH Report Overview

This report summarizes the status of all respiratory viral cultures processed at the AFIOH laboratory, which includes specimens collected from DoD beneficiaries at 40 tri-service sentinel sites and non-sentinel sites, as well as from foreign nationals through DoD overseas research laboratories (Armed Forces Institute of Medical Sciences [AFRIMS], the Naval Medical Research Center Detachment [NMRC-D], and the US Army Center for Health Promotion and Preventive Medicine West [CHPPM-W]).

Please visit our [website](#) to review the "Sentinel Site Surveillance Report" for detailed information on our sentinel site program and specimens submitted by our sentinel sites.

Overall Laboratory Surveillance

Week 01 overview

- **Specimens "collected" in Week 01.** To date, 26 specimens have been collected and received from 11 sites (7 sentinel and 4 non-sentinel). 12% (n=3) of these specimens have a completed result. All three completed specimens were positive for influenza A.
- **Specimens "received" in Week 01.** 88 specimens were received at AFIOH during Week 01 and are undergoing processing at this time. Specimens were collected from patients during Weeks 50-01.

MAP: Geographic coverage of DoD Influenza Surveillance*



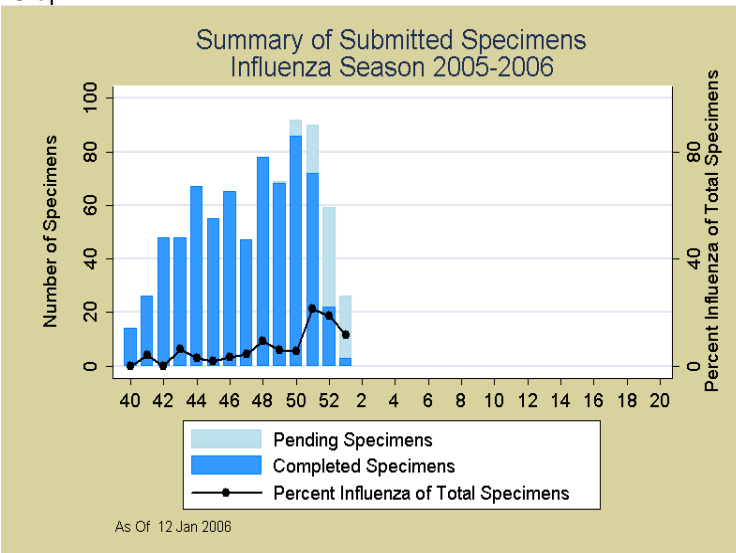
* As determined from specimen submissions. Even though an entire location is highlighted, surveillance may be limited in scope

Season overview

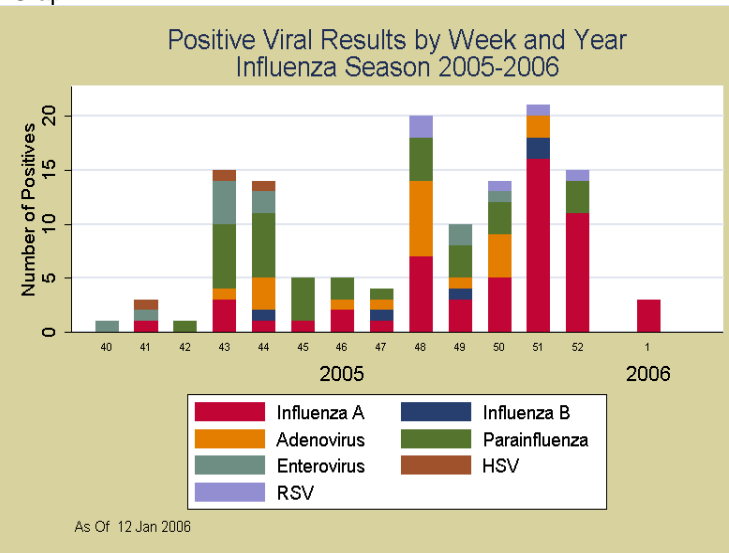
Since 02 October 2005, 767 specimens were received by the AFIOH laboratory and 89% (n=680) have a completed result (Graph 1). Of the specimens with a completed result, 81% (n=550) were negative and 19% (n=130) were positive for a respiratory virus.

Of those positive for a respiratory virus, 42% (n=55) were influenza A, 4% (n=5) were influenza B; 15% (n=20) were adenovirus, 25% (n=33) were parainfluenza, 8% (n=10) were enterovirus, 2% (n=3) were HSV; and 4% (n=5) were RSV (Graph 2).

Graph 1



Graph 2

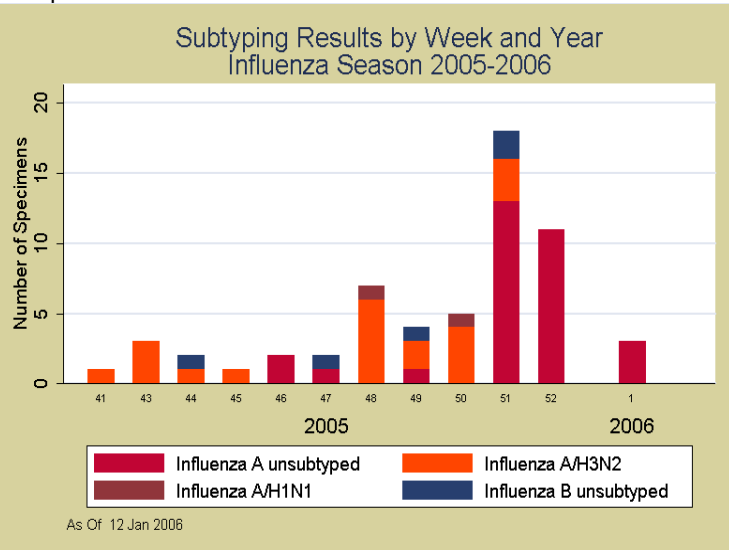


Influenza overview

Nine percent (n=59) of the completed specimens were positive for an influenza virus: 8.0% influenza A; 0.7% influenza B (Graph 1).

Thirty-nine percent (n=23) of the influenza isolates have been subtyped to date: 21 influenza A/H3N2 ; 2 influenza A/H1N1 (Graph 3).

Graph 3



Area of Responsibility (AOR)

Since 02 October 2005, influenza isolates identified from each AOR are as follows: NORTHCOM (66%), PACOM (17%), CENTCOM (9%), EUCOM (5%), and OTHER (3%). 100% of the isolates were submitted by sentinel sites in EUCOM, PACOM, and CENTCOM. Only 59% of NORTHCOM submissions were from sentinel sites. See Table 1. for a season overview of results from specimens collected and received at the AFIOH laboratory through Week 01.

Note: Sentinel sites are distributed among the AOR as follows: CENTCOM (13%), EUCOM (16%), NORTHCOM (32%), and PACOM (39%). The "OTHER" AOR category includes specimens collected from foreign nationals at the overseas research lab locations, which are not considered sentinel sites.

Table 1. Laboratory Results by Area of Responsibility (AOR), Week 01 and Season Totals.

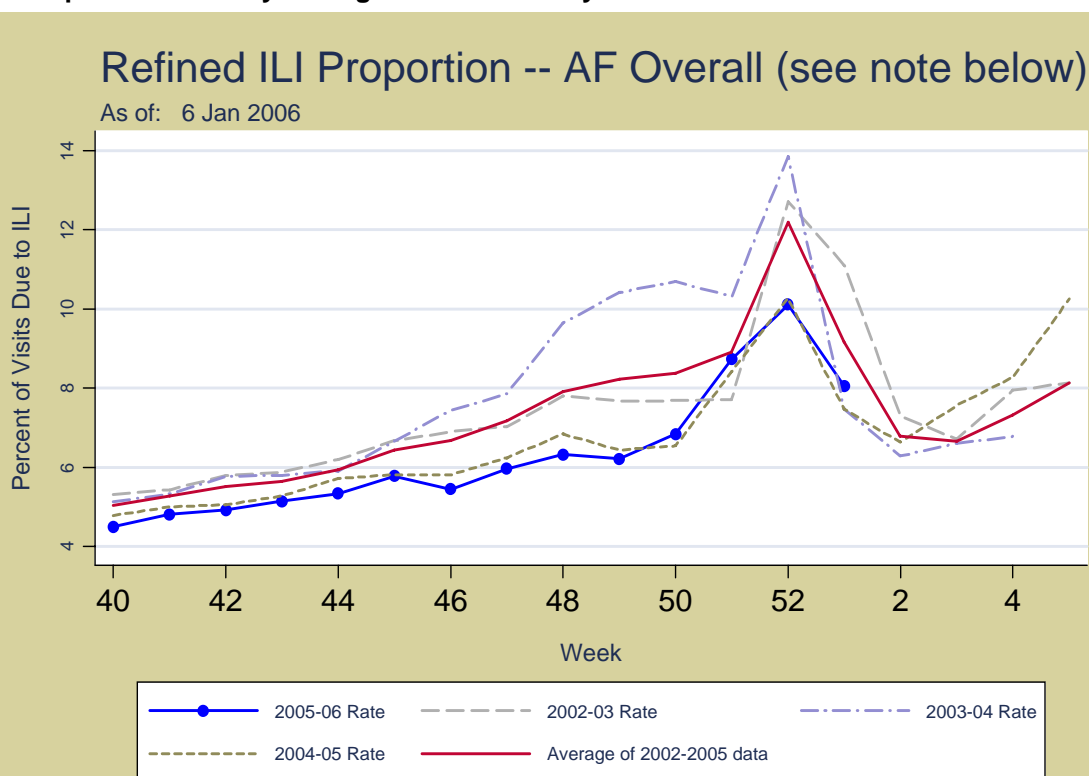
| Result | Area of Responsibility | | | | | | | | | | ALL SITES |
|----------------|------------------------|--------|-------|--------|----------|--------|-------|--------|-------|--------|-----------|
| | CENTCOM | | EUCOM | | NORTHCOM | | PACOM | | OTHER | | |
| | Week | Season | Week | Season | Week | Season | Week | Season | Week | Season | |
| Influenza A | | 3 | | 2 | 3 | 39 | | 10 | | | 54 |
| Influenza B | | 2 | | 1 | | | | | | 2 | 5 |
| Adenovirus | | | | 3 | | 12 | | 5 | | | 20 |
| Parainfluenza | | 1 | | 9 | | 20 | | 2 | | 1 | 33 |
| Enterovirus | | 2 | | 4 | | 2 | | 2 | | | 10 |
| HSV | | 1 | | 1 | | | | | | 1 | 3 |
| RSV | | | | | | 5 | | | | | 5 |
| Negative | | 31 | | 74 | | 284 | | 123 | | 38 | 550 |
| Pending | 0 | 6 | 1 | 5 | 15 | 51 | 7 | 25 | | | 87 |
| TOTAL RECEIVED | 0 | 46 | 1 | 99 | 18 | 413 | 7 | 167 | 0 | 42 | 767 |

Influenza-Like Illness (ILI)

Overview. Last update: 06-Jan. Influenza-like illness (ILI) activity among Air Force MTFs has increased to 10.11% in Week 52, following a similar pattern as last season and notably lower than the average. It is important to note that data in Week 01 is not complete and may vary from next week's graph.

*Influenza-like illness (ILI) activity is gathered from the Standard Ambulatory Data Registry (SADR). The data are cleaned and a summary total of ICD-9's that match a smaller, but more specific and sensitive list of ICDs than is in the ESSENCE tool, are presented (Graph 3). The Surveillance Team at AFIOH are in the process of creating a DoD-wide ILI graph.

Graph 3. ILI Activity among Air Force Military Treatment Facilities



Note: Data is from AF MTF (all services) only
ILI Data includes only 14 codes shown to correlate with influenza activity
Total visits in weeks 48-51 of Dec 2005 less than 75% for average total for comparable weeks 2002-2004

Influenza Surveillance

Sentinel Site Status. Fifty-nine percent (n=35) of the 59 influenza isolates were collected from sentinel sites, 37% (n=22) were from non-sentinel sites, and 3% (n=2) were from overseas research locations (Table 2).

FMP. Patients with a positive influenza result were 46% (n=29) active duty members, 29% (n=17) children, 12% (n=7) spouses, and 10% (n=6) non-DoD beneficiary (Table 3).

Vaccination. Of the 59 influenza-positive patients, vaccination status was identified on 27 (46%) patients. Of these, 7 (26%) were vaccinated > 2wks prior to their illness (1 patient was vaccinated 2 days prior to being ill). (Table 3).

Hospitalization/Quarters Status. 47% (n=28) of the patients with positive influenza had an accompanying influenza surveillance questionnaire. Six patients positive for influenza A (5 A/H3N2 and 1 A/H1N1) were placed on quarters for 24-72 hrs.

Travel history. One active duty member traveled to AZ in December and sought care within 2 days of return. ILI and influenza activity have been steadily increasing in the state of AZ.

Table 2. Influenza Demographics by SITE and REGION

| Site by REGION | | Sentinel Status | Newly Identified | | Season | | Total Influenza |
|-----------------------|--|-----------------|------------------|-------|--------|-------|-----------------|
| | | | Flu A | Flu B | Flu A | Flu B | |
| West South Central | | | | | | | |
| Brooks City-Base, TX | | Non-Sentinel | 1 | 0 | 7 | 0 | 7 |
| Goodfellow AFB, TX | | Non-Sentinel | 1 | 0 | 1 | 0 | 1 |
| Lackland AFB, TX | | Non-Sentinel | 0 | 0 | 5 | 0 | 5 |
| Tinker AFB, OK | | Non-Sentinel | 1 | 0 | 4 | 0 | 4 |
| Mountain | | | | | | | |
| USAF Academy, CO | | Sentinel | 3 | 0 | 16 | 0 | 16 |
| Luke AFB, TX | | Non-Sentinel | 2 | 0 | 4 | 0 | 4 |
| Pacific | | | | | | | |
| CGS Ketchikan, AK | | Sentinel | 0 | 0 | 2 | 0 | 2 |
| Edwards AFB, CA | | Non-Sentinel | 0 | 0 | 1 | 0 | 1 |
| Elmendorf AFB, AK | | Sentinel | 0 | 0 | 1 | 0 | 1 |
| NMC San Diego, CA | | Sentinel | 0 | 0 | 1 | 0 | 1 |
| Tripler AMC, HI | | Sentinel | 0 | 0 | 1 | 0 | 1 |
| Pacific Rim | | | | | | | |
| 121st Army, S. Korea | | Sentinel | 4 | 0 | 4 | 0 | 4 |
| Andersen AFB, Guam | | Sentinel | 0 | 0 | 2 | 0 | 2 |
| Europe | | | | | | | |
| Aviano AB, Italy | | Sentinel | 0 | 0 | 1 | 0 | 1 |
| RAF Lakenheath, U.K. | | Sentinel | 1 | 0 | 1 | 1 | 2 |
| Deployed | | | | | | | |
| Al Udeid AB, Qatar | | Sentinel | 0 | 0 | 1 | 0 | 1 |
| Camp Arifjan, Kuwait | | Sentinel | 0 | 0 | 2 | 1 | 3 |
| Camp Buehring, Kuwait | | Sentinel | 0 | 0 | 0 | 1 | 1 |
| Central America | | | | | | | |
| Honduras JTF Bravo | | Research lab | 0 | 0 | 0 | 2 | 2 |
| Total Influenza | | | 13 | 0 | 54 | 5 | 59 |

Table 3. Influenza Demographics: Age, FMP, Vaccination, and Hospitalization

| Demographics | Newly Identified | | Season | |
|-------------------------|------------------|----------|-----------|----------|
| Age (years) | A | B | A | B |
| 0-5 | 1 | 0 | 7 | 0 |
| 6-19 | 2 | 0 | 12 | 1 |
| 20-64 | 10 | 0 | 30 | 2 |
| 65 + | 0 | 0 | 1 | 0 |
| Unknown | 0 | 0 | 4 | 2 |
| OVERALL TOTALS | 13 | 0 | 54 | 5 |
| Family Prefix Status | A | B | A | B |
| Military member/Sponsor | 8 | 0 | 27 | 2 |
| Spouse | 2 | 0 | 6 | 1 |
| Child | 3 | 0 | 17 | 0 |
| Other/Unknown | 0 | 0 | 4 | 2 |
| OVERALL TOTALS | 13 | 0 | 54 | 5 |

| Demographics | Newly Identified | | Season | |
|-------------------------|------------------|----------|-----------|----------|
| Vaccination Status* | A | B | A | B |
| Injection | 0 | 0 | 5 | 1 |
| Nasal Spray (FluMist) | 0 | 0 | 2 | 0 |
| Vax Type unknown | 0 | 0 | 1 | 0 |
| Not Vaccinated | 12 | 0 | 20 | 0 |
| Unknown | 0 | 0 | 4 | 2 |
| OVERALL TOTALS | 12 | 0 | 32 | 3 |
| Hospitalization Status* | A | B | A | B |
| Hospitalized | 0 | 0 | 0 | 0 |
| Quarters | 0 | 0 | 6 | 0 |
| OVERALL TOTALS | 0 | 0 | 6 | 0 |

*Describes sentinel site data only. Data is dependant upon completed influenza surveillance questionnaires.

Additional Influenza Surveillance: *Army MEDCENS*

The Army performs influenza surveillance at 6 Army Medical Center (MEDCEN) locations (Dwight David Eisenhower Army Medical Center [DDEAMC], Walter Reed Army Medical Center [WRAMC], Brooke Army Medical Center [BAMC], Madigan Army Medical Center [MAMC], Tripler Army Medical Center [TAMC], and Landstuhl Regional Medical Center [LRMC]), two of which are included in AFIOH's sentinel site surveillance network (please see map to right).

The Army MEDCEN sites are major medical centers equipped with the capability of detecting respiratory viruses, including influenza. It is important to note that the methodology varies at each site (i.e., testing procedures include direct fluorescent-antibody [DFA], various rapid antigen tests, culture, and polymerase chain reaction [PCR]) and reporting is routine, but varies from site to site (i.e., weekly, bi-weekly, monthly). The information reported and shared with AFIOH describes results from the individual MEDCENS and does not include demographic information at this time.



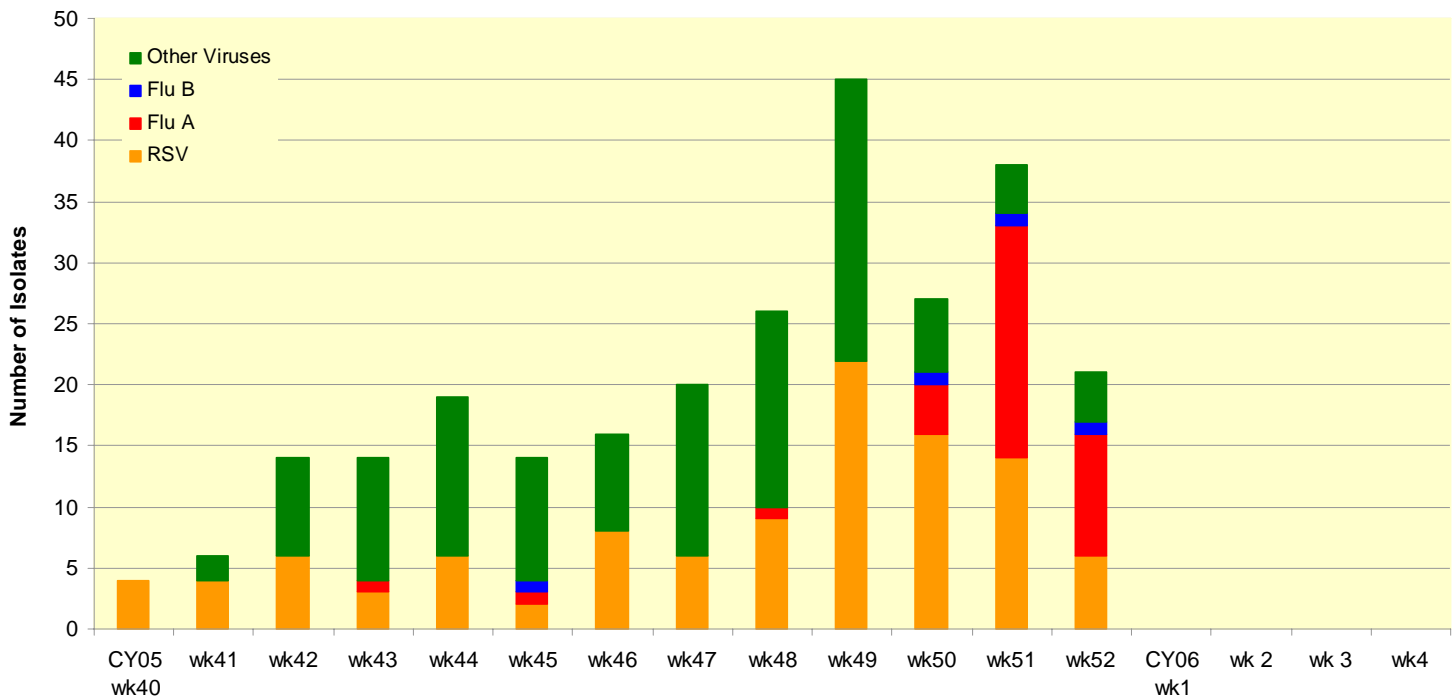
Week 52 overview. 65 specimens were collected and tested during Week 52 (20% [n=13] tested by LRMC; 80% (n=52) from BAMC. 25% (n=16) were positive for a respiratory virus (10 influenza A; 6 RSV).

Season overview. Since 02 October 2005, 1,366 specimens were collected and tested. Eighty-one percent (n=1,102) were negative and 19% (n=264) were positive for a respiratory virus (37 influenza A; 3 influenza B; 106 RSV; 30 parainfluenza; and 88 adenovirus). Of the specimens collected and tested, 2% were positive for an influenza virus (Graph 4.).

Subtyping: No data to report.

POC for Army MEDCEN surveillance is MAJ Wade Aldous.

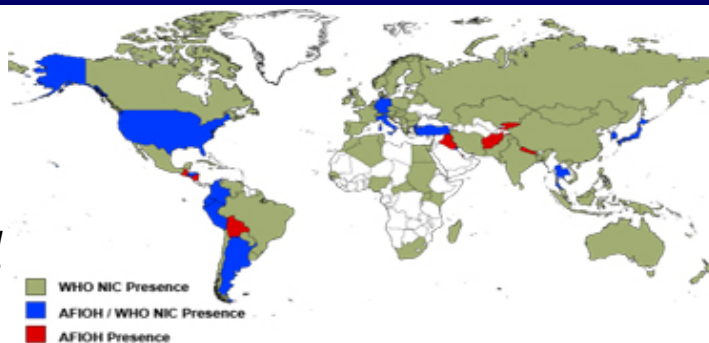
Graph 4. Number of Positive Respiratory Viruses, ARMY MEDCEN Weekly Report (as of 30 December 2005).



Contributions to National and Global Influenza Surveillance

It is important to note that although a country is highlighted, surveillance may be limited in scope. AFIOH provides surveillance data from 21 countries - 8 countries (Bolivia, El Salvador, Guatemala, Iraq, Kyrgyzstan, Nepal, Nicaragua, and Qatar) are not otherwise included in the current WHO network.

Note: Map describes countries submitting specimens to AFIOH and does not include all DoD contributing countries (i.e., NAMRU-2 and NAMRU-3 surveillance described on page 8).



Data Sharing

AFIOH electronically reports data to CDC using the Public Health Laboratory Information System (PHLIS). The data shared is incorporated into WHO's and CDC's influenza surveillance summaries. Additionally, data from Texas military sites are reported to the Texas Department of State Health Services (TDSHS).

CDC / WHO Influenza Surveillance

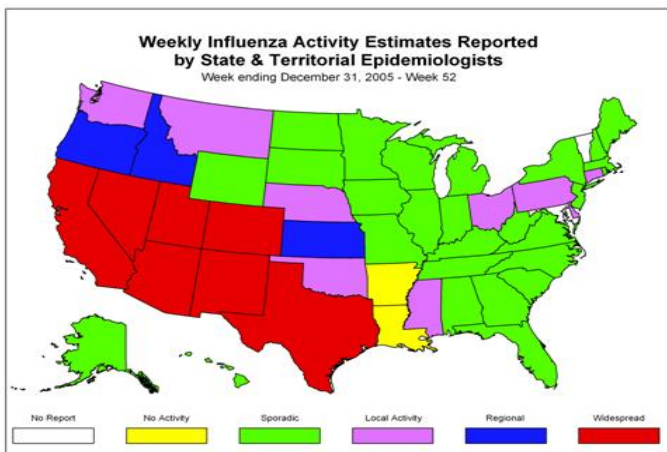
CDC reported a continued increase in influenza activity in the western US during Week 52. Of the specimens tested, 10.1% were positive for an influenza virus (see CDC map below).

NOTE: WHO website was inaccessible at the time this report was generated. Data displayed in WHO table and WHO map below reflects Week 51's data. Please see the WHO influenza activity table and CDC and WHO maps below.

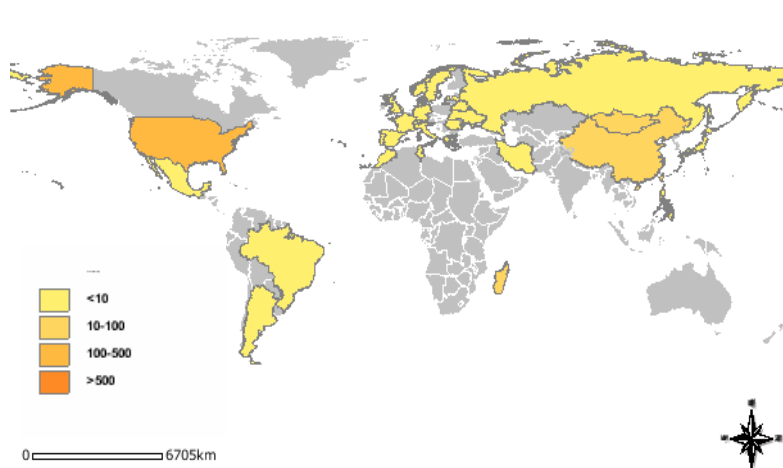
***WHO data may vary slightly from week to week. It is important to note that AFIOH uses the current week's data on WHO's website. Please refer to [WHO's website](http://www.who.int) for detailed information regarding the WHO Influenza Surveillance data.*

| COUNTRY | A(H1) | | A(H3) | | A(not typed) | | B (not typed) | | Total Isolates |
|---------------|-----------|------------|------------|------------|--------------|------------|---------------|------------|----------------|
| | Wk 51 | Season | Wk 51 | Season | Wk 51 | Season | Wk 51 | Season | |
| Argentina | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 |
| Australia | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 13 | 15 |
| Brazil | 0 | 0 | 0 | 0 | 0 | 6 | 1 | 8 | 14 |
| Chile | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| China | 5 | 34 | 2 | 23 | 2 | 26 | 8 | 49 | 132 |
| Egypt | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| France | 0 | 3 | 0 | 0 | 1 | 1 | 1 | 4 | 8 |
| Germany | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Greece | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Iran | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| Israel | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 3 |
| Japan | 4 | 34 | 4 | 117 | 0 | 0 | 0 | 1 | 152 |
| Latvia | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 1 | 3 |
| Madagascar | 11 | 44 | 0 | 5 | 0 | 0 | 0 | 0 | 49 |
| Mexico | 0 | 23 | 0 | 63 | 1 | 131 | 0 | 4 | 221 |
| Mongolia | 0 | 0 | 9 | 10 | 12 | 17 | 0 | 0 | 27 |
| Morocco | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 4 |
| New Caledonia | 0 | 0 | 0 | 2 | 0 | 4 | 0 | 0 | 6 |
| Norway | 0 | 0 | 0 | 1 | 1 | 1 | 6 | 11 | 13 |
| Peru | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 1 | 11 |
| Philippines | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 |
| Poland | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Portugal | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 6 | 8 |
| Slovenia | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 |
| Spain | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sweden | 0 | 0 | 0 | 4 | 1 | 1 | 1 | 3 | 8 |
| Switzerland | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 3 |
| Thailand | 0 | 2 | 0 | 51 | 0 | 4 | 0 | 66 | 123 |
| Tunisia | 5 | 28 | 1 | 5 | 0 | 0 | 0 | 2 | 35 |
| Turkey | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 4 | 5 |
| U.K | 1 | 2 | 1 | 3 | 0 | 0 | 6 | 12 | 17 |
| U.S.A | 0 | 4 | 94 | 427 | 60 | 224 | 1 | 35 | 690 |
| TOTAL | 26 | 178 | 111 | 714 | 79 | 432 | 26 | 245 | 1,569 |

CDC U.S. Influenza Surveillance Map¹



WHO International Influenza Surveillance Map²



1. National Influenza Activity (CDC): <http://www.cdc.gov/ncidod/diseases/flu/weeklychoice.htm>
2. International Influenza Activity (WHO): <http://gamapserver.who.int/GlobalAtlas/home.asp>

Avian Influenza Updates

Human Avian Influenza. 147 cases of lab-confirmed avian influenza (53% case fatality rate). Table and map were gathered from the EUROPA website on 11 January 2006.

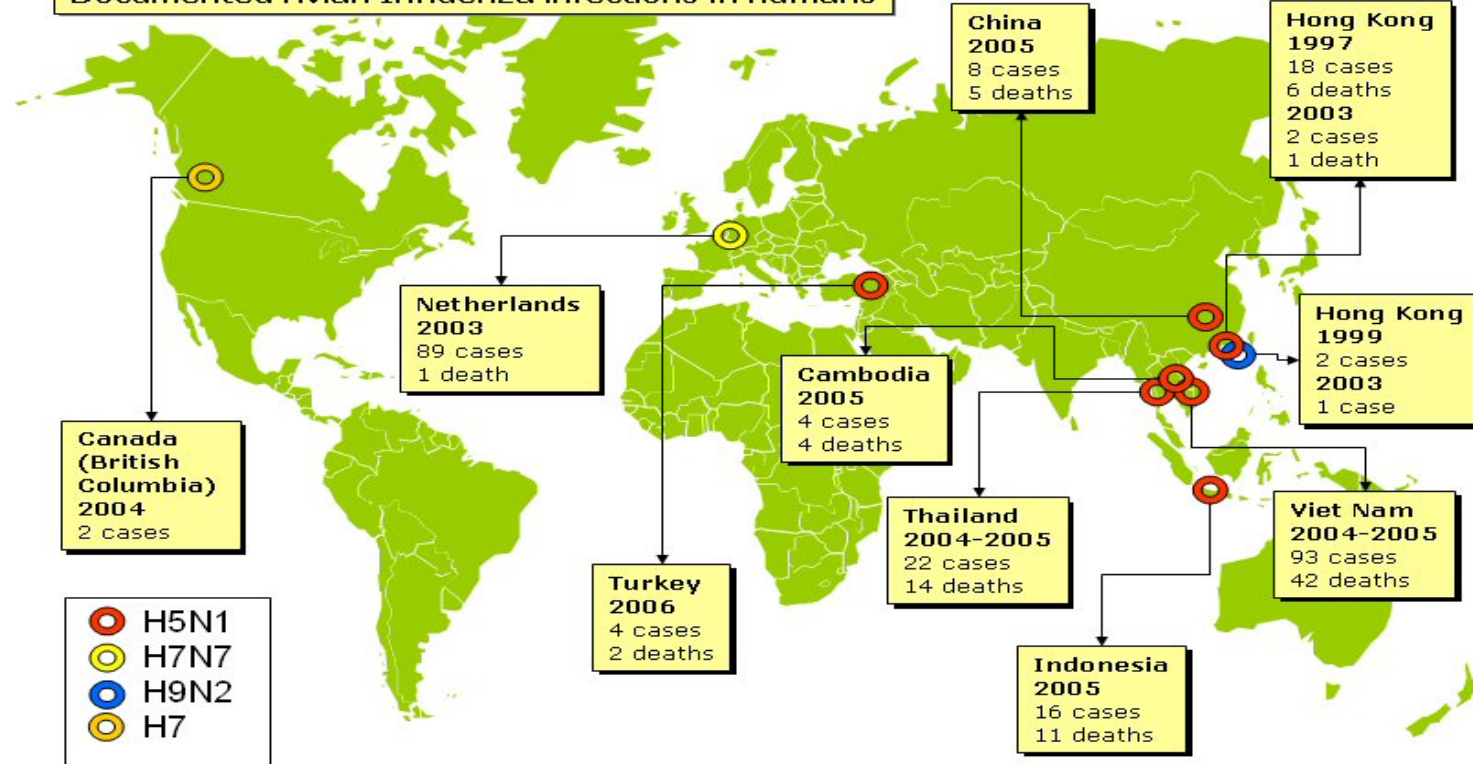
Reference: http://europa.eu.int/comm/health/ph_threats/com/Influenza/ai_current_en.htm

Current Situation of Avian Influenza and human cases related to the H5N1 virus subtype
(as of 11 January 2006)

| Country | Cumulative number of confirmed human cases | | | | | | | | Comments |
|--------------------------------|--|------|------|------|--------|------|------|------|--|
| | Cases | | | | Deaths | | | | |
| | 2003 | 2004 | 2005 | 2006 | 2003 | 2004 | 2005 | 2006 | |
| Cambodia | 0 | 0 | 4 | 0 | 0 | 0 | 4 | 0 | No new case reported since 4 May 2005. |
| China (People's Rep. of) | 0 | 0 | 8 | 0 | 0 | 0 | 5 | 0 | One additional case reported in Hunan province. Symptoms onset on 24 December. Two patients reported in December have died. |
| Indonesia | 0 | 0 | 16 | 0 | 0 | 0 | 11 | 0 | Two new fatal cases confirmed: the first developed symptoms on 8 December, hospitalised on 13 December and died on 15 December; the second case had onset of symptoms on 9 December, hospitalised on 11 and died on 12 December. H5N1 endemic in poultry and widespread. |
| Thailand | 0 | 17 | 5 | 0 | 0 | 12 | 2 | 0 | One additional fatal case reported with onset of symptoms on 25 November, hospitalised on 5 December and died on 7 December. Several outbreaks in poultry reported to OIE on 3 November in three provinces. |
| Turkey | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 2 | Four confirmed cases in Agri Province, of whom two have died. Another eleven cases have been reported by Turkey and await confirmation from WHO. Outbreaks in poultry active in eight provinces all over the country. |
| Viet Nam | 3 | 29 | 61 | 0 | 3 | 20 | 19 | 0 | One new case confirmed with onset of symptoms on 14 November. The case is now recovering |
| | 3 | 46 | 94 | 4 | 3 | 32 | 41 | 2 | |
| | 147 | | | | 78 | | | | |

*Number of cases includes number of deaths.
All cases are laboratory-confirmed.
Bold text indicates changes from previous update*

Documented Avian Influenza infections in humans



Data as of: 11.01.2006

DoD Global Influenza Surveillance Program Background

DoD-GEIS Influenza Surveillance Network

The DoD Global Influenza Surveillance Program was established by the Global Emerging Infections Surveillance and Response System (GEIS) in 1997. The program established an influenza surveillance network, which includes the Air Force Influenza Surveillance Network (global influenza surveillance established in 1976), Navy (recruit adenovirus surveillance established in 1996), and the DoD overseas medical research facilities (i.e., the Naval Medical Research Unit located in Cairo, Egypt [NAMRU-2] and the Naval Medical Research Unit located in Jakarta, Indonesia [NAMRU-3]).

AFIOH Influenza Surveillance Network

In 1976, the US Air Force Medical Service began conducting routine lab-based surveillance of influenza throughout the world. Efforts were expanded when it became part of the DoD-GEIS influenza surveillance network in 1997. AFIOH manages the Air Force surveillance program that includes global influenza surveillance among DoD beneficiaries at 40 tri-service sentinel sites (including deployed locations in Iraq, Qatar, and Kyrgyzstan), several non-sentinel sites, two DoD overseas medical research laboratories (the Armed Forces Research Institute of Medical Sciences located in Bangkok, Thailand [AFRIMS], and the U.S. Naval Medical Research Center-Detachment [NMRC-D] located in Lima, Peru) that collect specimens from local residents in Nepal, Thailand, Argentina, Bolivia, Ecuador, Peru, and Colombia, and the US Army Center for Health Promotion and Preventive Medicine-West (CHPPM-W), that collect specimens from local residents in El Salvador, Guatemala, and Honduras.

Processing Methods

Specimens are processed in BSL-2 conditions (BSL-3 available) and tested for influenza, parainfluenza, adenovirus, enterovirus, herpes simplex virus (HSV), and respiratory syncytial virus (RSV). Specimens are held up to 14 days before a negative result is given. All influenza isolates are typed as A or B and a portion are subtyped using hemagglutination-inhibition (HI) or polymerase chain reaction (PCR) procedures. A portion of these isolates undergo molecular sequencing.

2005-2006 Trivalent Influenza Vaccine Composition

Northern Hemisphere

- A/New Caledonia/20/99-like (H1N1)
- A/California/7/2004-like (H3N2)
- B/Shanghai/361/2002-like

2006 Southern Hemisphere

- A/New Caledonia/20/99-like (H1N1)
- A/California/7/2004-like (H3N2)*
- B/Malaysia/2506/2004

**The currently used vaccine virus is A/New York/55/2004*

This report was prepared on **06 January 2006**. For an expanded view of the information in this report, visit our website at <https://gumbo.brooks.af.mil/pestilence/Influenza/>. Also available on our website is a list of previous weekly surveillance reports, program information for sentinel sites (including an educational briefing and instruction pamphlets for clinic staff), and an overview of historical data.

Please visit the [DoD-GEIS website](https://gumbo.brooks.af.mil/pestilence/Influenza/) for an overview of influenza surveillance at all collaborating centers.

AFIOH Contact Information

Public Health services: Phone (210) 536-3471; DSN 240-3471

Laboratory Services: Phone (210) 536-8383; DSN 240-8383

E-mail: influenza@brooks.af.mil

